

DECLARATION AND POWER OF ATTORNEY

1133/03-01578

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled :

SABOT FOR SUB-CALBRE PROJECTILES

described and claimed in the specification:

Check one

- *a. ☒ attached hereto.
 b. ☐ filed on _____ as Application N° _____

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed within one year prior to this application are hereby claimed:

French Patent Application No. 03.01578 filed on February 10, 2003.

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

Roger W. Parkhurst, Reg. No. 25,177 ; and/or Charles A. Wendel, Reg. No. 24,453.

**ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO :
 PARKHURST & WENDEL, L.L.P., 1421 PRINCE STREET, SUITE 210, ALEXANDRIA, VIRGINIA 22314-2805 –
 TELEPHONE (703) 739-0220**

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1	Typewritten Full Name of First or Sole Inventor	<u>Nicolas</u>	<u>ECHES</u>
		Given Name	Family Name
2	**Inventor's Signature:	<u>Nicolas</u>	<u>Eches</u>
3	**Date of Signature:	<u>01</u>	<u>08 2004</u>
		Month	Day Year
	Residence:	<u>Plaimpied Givaudins</u>	<u>France</u>
		City	Country
	Citizenship:	<u>French</u>	
	Post Office Address:	<u>1 place des Cruzettes-18340 Plaimpied Givaudins- France</u>	
	(Insert complete mailing address, including country)		

*If Box (a.) is checked, this form may be executed only when attached to the specification (including claims).

**Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

PAGE 2 OF U.S.A. DECLARATION FORM
(Discard this page in a sole inventor application)

1 **Typewritten Full Name**
Of First or Sole Inventor

<u>Jean-Paul</u> Given Name	<u></u> Middle Initial	<u>FAUCHON</u> Family Name
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2 ****Inventor's Signature:** Jean Paul Fauchon

3 ****Date of Signature:**

<u>01</u> Month	<u>08</u> Day	<u>2004</u> Year
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Residence: La Chapelle Saint Ursin France

<u></u> City	<u></u> State or Province	<u></u> Country
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Post Office Address:
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1 **Typewritten Full Name**
Of First or Sole Inventor

<u></u> Given Name	<u></u> Middle Initial	<u></u> Family Name
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2 ****Inventor's Signature:**

3 ****Date of Signature:**

<u></u> Month	<u></u> Day	<u></u> Year
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Residence: France

<u></u> City	<u></u> State or Province	<u></u> Country
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Citizenship: French

Post Office Address:
(Insert complete mailing address, including country)

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of First or Sole Inventor

<u></u> Given Name	<u></u> Middle Initial	<u></u> Family Name
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3 ****Date of Signature:**

<u></u> Month	<u></u> Day	<u></u> Year
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3 ****Date of Signature:**

<u></u> Month	<u></u> Day	<u></u> Year
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Residence:

<u></u> City	<u></u> State or Province	<u></u> Country
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Citizenship:

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(Insert complete mailing address, including country)

****Note to Inventor:** Please sign name exactly as it appears above and insert actual date of signing.